

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/719839** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2							52					
3				1			53					
4					1		54					
5							55					
6						1	56					
7							57					
8							58					
9							59					
10							60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22						1	72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL 1C							TOTAL IND.					
TOTAL 2C							TOTAL DEP.					
TOTAL 3MS							TOTAL CLAIMS					